

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/528374

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

AFTER
1st AMENDMENT

AFTER
2nd AMENDMENT

IND.

DEP.

IND.

DEP.

IND.

DEP.

AS FILED

AFTER
1st AMENDMENT

AFTER
2nd AMENDMENT

IND.

DEP.

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IND.

DEP.

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TOTAL
IND.

TOTAL
DEP.

TOTAL
CLAIMS

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TOTAL
IND.

TOTAL
DEP.

TOTAL
CLAIMS